



BEER WHOLESALER AND TABLE WINE DISTRIBUTOR LICENSE

Application Packet

**This packet contains all the forms and information to apply for a
Beer Wholesaler and Table Wine Distributor License.**

Apply online!

<https://revenue.mt.gov/apply-electronically>

Information for Completing Application

This packet is to assist you in completing your application for a Beer Wholesaler and Table Wine Distributor License. Please review the information provided to avoid any delays in the processing of your application.

Application Process

You are required to apply for your Basic Permit by contacting the Alcohol and Tobacco Tax and Trade Bureau (TTB). When you submit your application to us for your Beer Wholesaler and Table Wine Distributor License, please send your application for Basic Permit to the TTB.

When we receive a completed application, we will contact you and let you know that your application meets our initial requirements or to request additional documents. It typically takes 60 to 90 days to process this type of application. The approval process includes:

1. Notifying local officials that we have received your application. We notify local officials that we have received an application to help us determine if any concerns or issues exist that may prevent the applicant or proposed location from qualifying for a license.
2. Requesting the Department of Justice to investigate the applicant(s) and location.

Once the Department of Justice has conducted their investigation, if both the location and applicant(s) meet the requirements under Montana law, our department will contact you to approve the transfer or issuance of the license.

Montana Code Annotated Definitions

16-1-106 (27), MCA "Table wine" means wine that contains not more than 16% alcohol by volume and includes cider.

16-1-106 (28), MCA "Table wine distributor" means a person importing into, or purchasing in Montana, table wine for sale or resale to retailers licensed in Montana.

16-1-106 (5), MCA "Beer" means:

- (a) a malt beverage containing not more than 8.75% alcohol by volume; or
- (b) an alcoholic beverage containing not more than 14% alcohol by volume;
 - i. that is made by the alcoholic fermentation of an infusion or decoction, or combination of both, in potable brewing water, of malted cereal grain; and
 - ii. in which the sugars used for fermentation of the alcoholic beverage are at least 75% derived from malted cereal grain measured as a percentage of the total dry weight of the fermentable ingredients.

16-1-106 (30), MCA "Warehouse" means a building or structure located in Montana that is owned or operated by a licensed beer wholesaler or table wine distributor for the receiving, storage, and distribution of beer or table wine as permitted by this code.

Any wine that contains more than 16% alcohol by volume, hard cider that contains more than 6.9% alcohol by volume, beer greater than 14% alcohol by volume, and any caffeinated malt beverages, are considered a distilled spirit and may not be distributed by a beer wholesaler or table wine distributor.

Additional Information Required When Completing Your Application

We have listed below the types of documents we look for when determining if an application is complete. Please look through the list carefully and send us copies of the required documents as well as the applicable documents that reflect your business to be operated under the license you are applying for

If personal history statements and fingerprint cards are included with your application, you are required to enclose them in the "Confidential" Envelope provided. These are confidential documents and must be kept separate from your other application documents.

Required Documents

- ☐ TTB Federal Basic Permit

Please submit the documentation required for your entity type. Failure to provide all applicable documentation will delay the processing of this application. **Note: For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.**

Partnership Agreement documentation

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ For newly formed partnerships attach a copy of the application/certificate for registration of the partnership filed with the Secretary of State
- ☐ For existing partnerships attach a copy of the renewal of partnership filed with the Secretary of State in the Partnership name
- ☐ Verification of the Assumed Business Name as filed with the Secretary of State
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

Limited Liability Company

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ Articles of Organization
- ☐ Organization Minutes
- ☐ Certificate of Fact or Certificate of Existence
- ☐ Verification of the Assumed Business Name as filed with the Secretary of State
- ☐ Other member agreements
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

Corporation

- ☐ Federal Employer Identification Number verification from the IRS
- ☐ Articles of Incorporation and Amendments or Addendums thereto
- ☐ Bylaws and amendments or addendums thereto
- ☐ Certificate of Incorporation
- ☐ Certificate of Existence (for Montana corporations)
- ☐ Authority to do Business in Montana (for out-of-state corporation)
- ☐ Corporate Minutes and attachments
- ☐ Share issuance records
- ☐ Share Certificates

- ☐ Stock Ledger or Register
- ☐ Verification of Assumed Business Name as filed with the Secretary of State
- ☐ Personal/Criminal History statement(s) for each individual involved in the ownership of the license
- ☐ Fingerprint cards and fees for each person (including officers and directors) involved in the ownership of the license
- ☐ Liquor authorization form to disclose tax information for each entity and its members, shareholders or partners with 10% or more ownership

Management Information Checklist

- ☐ Employment, Management and Other Agreement(s) and Contract(s). If you are applying as other than a sole proprietor (i.e. Corp, LLC, Partnership, LLP, and the officers/directors/members/partners are the managers), their duties must either be covered in the organization minutes or provide a management agreement
- ☐ Personal/Criminal History Statement(s) on all management personnel
- ☐ 2 Fingerprint Cards and fees for each manager

Financial Information Checklist

- ☐ Send signed copies of all loan agreements, contracts, notes and all related security agreements, guarantees and trust indentures. **Note: Non-institutional loan (NIL) form must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions, including gifting statements**
- ☐ Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms
- ☐ Franchise agreements
- ☐ Financial statements (i.e., balance sheet and income statement or tax return for the business)
- ☐ Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, all bills of sale, deeds or other documents reflecting title transfer of assets purchased
- ☐ Purchase agreement for the liquor license including compensation, terms, the appropriate parties as buyer and seller and the license listed by number. Provide copies of all documentation to verify source of funding for purchase of the liquor license. **Note: No assignments are allowed**
- ☐ Bank signature card and authorization forms for all of the applicant's operating, investment or any other business accounts (i.e. saving and checking accounts)
- ☐ Authorization for examination and release of information for NIL only
- ☐ Personal/Criminal History Statement(s) for NIL only
- ☐ 2 Fingerprint Cards for NIL only

Premises Information Checklist

- ☐ Floor plan (including business name, liquor license number, physical address, dimensions, seating, service bar, liquor storage, etc. Do not send in the original blue prints, only a copy of the floor plan)
- ☐ Zoning documents

Please send your completed application (located on pages 1 through 5) and all required and applicable documents (listed on pages iv and v) to us at:

Montana Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax (406) 444-0722.



Beer Wholesaler and Table Wine Distributor License

Note: Applications for a new license or transfer of location will need approvals from the building, health and fire code officials before we can approve this application.

Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC) list the business' name below.

Name of Applicant(s) _____

Federal Employer Identification Number

 -

OR

Social Security Number

 - -

Current License Number (if available)

 - - -

Business Name _____

Name of Person Managing the Business _____

Telephone _____ Fax _____

Cell Phone _____ Email Address _____

Location Address _____

(Street Address, City, State and Zip Code)

- ☐ Check if you prefer to receive an annual reminder email to complete your renewal electronically.
☐ Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name _____ Business Phone _____

Mailing Address _____

(Street Address, City, State and Zip Code)

Attorney's Email Address _____

Section 2 – Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- | | |
|--|--------------|
| <input type="checkbox"/> New License Beer Wholesaler (\$400) | \$ _____ |
| <input type="checkbox"/> New License Table Wine Distributor (\$400) | \$ _____ |
| <input type="checkbox"/> New License Beer Wholesaler and Table Wine Distributor (\$800) | \$ _____ |
| <input type="checkbox"/> Add a Beer Wholesaler or Table Wine Distributor to an Existing License | |
| <input type="checkbox"/> Transfer of Ownership | |
| <input type="checkbox"/> Transfer of Location | |
| <input type="checkbox"/> Corporate Structure Change | |
| <input type="checkbox"/> Processing Fee (<i>required for all transactions</i>) | \$ 200 _____ |
| <input type="checkbox"/> Direct Shipment Fee (<i>when shipping directly to consumers</i>) (\$50) | \$ _____ |
| <input type="checkbox"/> Fingerprint Fee(s) (\$27.50 per individual) | \$ _____ |

Total Amount Enclosed

\$ _____

*Payable to
DOR Liquor
Licensing*



Section 3 – Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners. (Please attach additional pages if necessary.)

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
2	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
3	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
4	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title

Section 4 – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail liquor license, agency liquor store, beer wholesaler or table wine distributor license in Montana?

☐ Yes If yes, please explain _____

☐ No

A beer wholesaler or table wine distributor cannot hold any financial ownership or operational control in an agency liquor store, any retail liquor license, brewery or winery license in Montana.

2. Does any person other than the applicant have financial interest in your business?

☐ Yes If yes, please list the name, address and give a brief description of the involvement (attach additional paper if necessary) _____

☐ No

3. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city or county ordinances?

☐ Yes

☐ No

4. Do you own the furniture, fixtures and equipment used at the location?

☐ Yes

☐ No If no, please send a lease or purchase agreement.

5. Is the building complete and ready for use?

☐ Yes

☐ No If no, please provide expected date of completion _____

6. Do you have enough resources and space in your location for receiving, storing, handling and shipping beer or wine in large quantities for multiple customers?

☐ Yes

☐ No If no, please explain briefly how you plan to operate your business _____

7. Do you own or are you purchasing the building proposed for licensing?

☐ Yes If yes, please send a purchase agreement or current tax bill.

☐ No If no, please send a lease agreement.

☐ I am adding a Beer Wholesaler or Table Wine Distributor License at the current licensed premises and a document showing possessory interest of the real property has been provided.

Section 5 – Brands to be Distributed

Please be aware that all products must be approved by the Alcohol, Tobacco, Tax and Trade Bureau and verified by the Montana Department of Revenue prior to distribution. A list of the products that are being distributed will be required prior to approving your application. For help with this, go to <https://tap.dor.mt.gov> to access the Beer/Wine label search

(Please attach an additional page if necessary.)

Brands to be distributed in Montana

Brand Name	Brewery or Winery Name	Montana Liquor License Number	Percentage of Alcohol by Volume

Have you entered into any contract, agreement or franchise with the above named brewers or wineries?

☐ Yes

☐ No If *no*, please review Montana Code Annotated sections 16-3-221, 16-3-226 and 16-3-416, relating to these agreements and send the necessary documents to us. The laws can be found on our website at http://leg.mt.gov/bills/mca_toc/index.htm.

Please be aware that a beer wholesaler or table wine distributor licensed in the State of Montana needs to file a tax return(s) forms Brewers and Distributor Monthly Tax Return (BET), and/or Wine Distributors and Wineries Monthly Tax Return (WIT), and/or Hard Cider Distributors/Brewers Monthly Tax Return (HCT) and pay the tax to the department for the amount of beer or table wine manufactured in this state sold and delivered by you and also of the amount of beer or table wine manufactured in places outside of the state sold and delivered by you during the previous month and of your inventory by the 15th of the month for the previous month. All tax forms can be found on our web page at http://revenue.mt.gov/home/liquor/beverage_tax.

Section 6 – Temporary Operating Authority

The Montana Department of Revenue Liquor Control Division may grant temporary operating authority to an applicant who requests a transfer of ownership. Temporary operating authority cannot be granted for the transfer of location of a license or for the issuance of a new license.

I would like to have temporary operating authority issued.

☐ Yes ☐ No

License number _____

To Be Completed By Applicant

The undersigned applicant requests authority to operate pending final approval of the license transfer. Temporary operating authority will be immediately revoked if the applicant or any employees violate any provision of the Montana Alcoholic Beverage Code or the department's rules.

Signature of Applicant

Date

Printed Name

I would like temporary operating authority issued on _____
Date

To Be Completed By Recorded Owner/Current Licensee

I authorize temporary operating authority to be granted to the applicant by the department, pending final approval of this application. I understand the applicant may not operate the business until temporary operating authority has been granted. I understand ARM 42.12.208 states in part **“Any proposed fine, suspension or revocation arising out of a violation will be assessed against, and is the responsibility of, the recorded owner of the license.”**

Signature of Recorded Owner/Current Licensee

Date

Printed Name

Section 7 – Declaration and Affidavit

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Mail completed application and all required and applicable documents to:

Montana Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax 406-444-0722.